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TRANSMITTAL	Application Number	10/720.778			
FORM	First Named Inventor	November 24, 2003 Eric Arthur Johnson			
(to be used for all correspondence after initial filin	a) Art Unit	2856			
	Examiner Name	Fitzgerald, John P.			
7-20-10-10-10-10-10-10-10-10-10-10-10-10-10	Attorney Docket Number				
Total Number of Pages in This Submission 3		2003-1			
	ENCLOSURES (Check all th	at apply)			
Extension of Time Request Express Abandonment Request Information Disclosure Statement Certified Copy of Priority Document(s) Response to Missing Parts/ Incomplete Application Response to Missing Parts under 37 CFR 1.52 or 1.53	Drawing(s) Licensing-related Papers Patition Petition to Convert to a Provisional Application Power of Attorney, Revocation Change of Correspondence Add Terminal Disclaimer Request for Refund CD, Number of CD(s)	Other Enclosure(s) (please identify below):			
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Firm Anne M. Schnelderman (Reg. No. 43,095) or Individual name					
Signature anne M Dilmerderman Date 7/12/104					
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Application Number	10/720,778		
Filing Date	November 24, 2003		
Firet Named Inventor	Eric Arthur Johnson		
Title	Device for collecting statistical data for main		
Art Unit	2856		
Examiner Name	Fitzgerald, John P.		
Attorney Docket Number	2003-1		

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Assignee of record of the entire interest. See 37 CF	R 3.71.						
Statement under 37 CFR 3.73(b) is enclosed. (Form	PTO/SB/96)						
SIGNATURE of Applicant or Assignes of Record (if as	signee, put name, title and cor	mpany name in the "Name" space below)					
Name Eric Arthur Johnson		***************************************					
Signature Gitt Outture from							
Date 7/12/04		Telephone 607-533-3531					
NOTE; Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.							
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	Examiner Name	Fitzgerald, John P.		
	Attorney Docket Number	2003-1		

						
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i am the:	Fax					
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Assignee of record of the entire interest. See 37 CFR Statement under 37 CFR 3.73(b) is enclosed. (Form	l 3.71. <i>PTO/SB/96)</i>					
SIGNATURE of Applicant or Assignee of Record (if assi		pany name in the "I	Name" space below)			
Name Joseph Duane Kulesza						
Signature Onele O. Kulessa						
Date 7-9-04		Telephone 807-5	33-3531			
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